

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES

IN RE: TOWNHALL MEETING C0331990
EQUIPMENT RENTAL AND TECHNICAL SUPPORT
HEARD BEFORE: GARY CRITZER
STATE EMS ADVISORY BOARD CHAIR

FEBRUARY 2, 2017

RICHMOND MARRIOTT SHORT PUMP
4240 DOMINION BOULEVARD
GLEN ALLEN, VIRGINIA

5:00 P.M.

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1 APPEARANCES:

2 Gary Critzer, Presiding Officer
3 State EMS Advisory Board Chair

4 ALSO PRESENT:

5 Warren Short, Training Manager
6 Division of Educational Development

7 Marilyn McCloud, MD, Advisory Board member
8 Medical Direction Committee Chair

9 Ron Passmore, Advisory Board member
10 Training and Certification Committee

11 Larry Oliver
12 I-99 Program Work Group member

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1 (The townhall meeting commenced at
2 5:00 p.m., and the presentation commenced as
3 follows:)

4
5 MR. CRITZER: Has everybody had an
6 opportunity to sign up on the sheet in the
7 hallway? If you haven't, make sure you do
8 that. Also, if you wanted to speak tonight,
9 please indicate so on -- by checking on the
10 left side of the roster.

11 Also, there's some agendas out
12 there and some guidelines for the meeting.
13 For those of you that don't know me, my
14 name's Gary Critzer and I'm the current
15 chair of the State EMS Advisory Board.

16 I'm also the current president
17 of VAGEMSA and I'm the emergency services
18 EMS Director for the City of Waynesboro.
19 Thank you for coming out tonight for the
20 first of our townhall meetings on the EMT-I
21 program in Virginia.

22 This is the opportunity for us
23 to give you some information about EMT-I and
24 how we got where we are. And to allow you
25 the opportunity to ask questions and to

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1 provide feedback. There are some folks with
2 us tonight that I just want to make sure
3 that you know who's in the audience.

4 So up front, we've got Ron
5 Passmore, who's the current chair and
6 Advisory Board member of our Training and
7 Certification committee.

8 Dr. Marilyn McCloud to his
9 right, who is the current -- again --
10 Advisory Board member and chair of the
11 Medical Direction committee.

12 And Larry Oliver, who is a
13 former Advisory Board member, and chair of
14 TCC, but also worked on the work group that
15 discussed the I-99 program in Virginia.

16 If there's any other Advisory
17 Board members -- and I know there are --
18 would you please just stand up briefly so
19 the folks can see you.

20 So we've got numerous Advisory
21 Board members here tonight that will be
22 asked to take on this. We also have lots of
23 folks from -- thank y'all very much -- from
24 the Office of EMS. Mr. Brown and -- and
25 crew over here. We've got some back in the

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1 back, Mr. Winston, Dr. Linbeck, Cam, all
2 those folks. So lot of folks here tonight.
3 We hope to address your questions, any
4 concerns that you might have.

5 We are going to be following
6 the guidelines that the Commonwealth has for
7 conducting public comment at meetings. They
8 are out on the table if you want to -- if
9 you didn't pick one up.

10 So in accordance with the
11 Administrative Process Act of the Office of
12 EMS, you, number one, need to register if
13 you want to speak tonight before this group.

14 Time permitting, we will make
15 sure that everybody gets an opportunity to
16 speak. As you speak tonight, we're going to
17 ask you to come up to the microphone,
18 clearly identify yourself and what agency
19 you represent.

20 This meeting is being recorded
21 so that it can be transcribed. And we'll
22 have a permanent record of each one of the
23 townhalls. We're going to allow three
24 minutes for each individual that wants to
25 speak. This is not an opportunity to

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1 debate, this is an opportunity to ask
2 questions and we'll provide feedback. So
3 that's -- that's the way we'll be doing this
4 this evening.

5 We expect this to remain
6 professional and cordial so that there's no
7 -- there's no personal attacks or anything
8 like that that goes on.

9 We would also like, if you
10 have a lengthy personal position or a
11 department position, that you submit that in
12 writing.

13 There will be a location on
14 the Office of EMS web site by next week,
15 Mr. Brown has assured me, where you can
16 submit public comments in writing to the
17 Office of EMS.

18 Currently, the presentation
19 that we're going to give in a few minutes is
20 on the web site. If you go to the -- the --
21 the main page, there's a tab on there now
22 for the I-99 townhalls. And underneath of
23 that you'll find a link to tonight's
24 presentation. Again, by next week there
25 should be a link where you can submit public

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1 comments. And that way, we can collect all
2 this. There are going to be a number of
3 townhalls conducted throughout the state and
4 we'll give the dates and locations of those
5 as we go through this process.

6 So before we jump in, are
7 there any questions before we get started?
8 Okay. Warren, if you would.

9
10 MR. SHORT: Now I can't say
11 anything. All right. So we're going to
12 talk about the intermediate program in
13 Virginia as we know it today and how we got
14 where we are.

15 So a little bit of history
16 about I-99 -- let me get over here so I
17 don't block everybody's view. It was
18 developed in the late 1990's. There was an
19 I-85 program before that, but it was not
20 comparative to the I-99 program.

21 It was more in the middle. So
22 we did -- Virginia really never used the
23 I-85 program. We had the shock trauma
24 program and enhanced. I-99 that came about
25 in the late 90's was piloted through '99 to

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1 2001. And then we transitioned all of our
2 former cardiac technicians over to 'I' --
3 from 2002 through 2009. A lot of that was
4 done, if you remember, through continuing
5 education.

6 It was sort of a transition
7 process. As of January 2009, there were
8 2914 I-99 certified in Virginia. Some
9 information about the registry. The
10 National Registry stopped testing initial --
11 or certifying, I should say -- new I-99's as
12 of December 31st, 2013.

13 Since that time, the only test
14 that's been available for intermediate has
15 been an assessment exam to be used by those
16 states that continue to certify intermediate
17 providers. So after that date, there were
18 no new nationally registered intermediates
19 certified.

20 The registry has also
21 announced that they will not continue
22 certification of those who currently possess
23 it after March 31st of 2019. So those who
24 are intermediate providers who are
25 re-registering in March of this year, it

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1 will be your last opportunity to re-register
2 with the National Registry as an
3 intermediate provider.

4 If by the date in 2019 you
5 have not transitioned to paramedic, you will
6 become an intermediate -- excuse me, an
7 advanced EMT with the National Registry.

8 That will not have any impact
9 on your Virginia intermediate certification.
10 And we'll talk about that in just a moment.
11 The Office of EMS began a review of what to
12 do if and when the National Registry stops
13 offering the I-99 assessment examination.

14 They've given us information
15 to suggest that at some point in the future
16 if there's not a defined need for I-99
17 assessment testing, they will cease to do
18 that. They have not given us a date.

19 They have assured us that they
20 will give us time to prepare for it. But at
21 some point in the future, it is likely that
22 they will stop I-99 assessment testing.
23 That will create some issues for Virginia if
24 we're not prepared to address it. The
25 Training and Certification committee formed

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1 a work group that started meeting in
2 November of 2015 to discuss their
3 recommendations and to come up with a
4 recommendation for the Advisory Board as
5 what we should do moving forward if the
6 registry -- if and when the registry ceases
7 the assessment testing.

8 This just shows a period of
9 I-99's from 2009 through January of this
10 year. The peak, it looks like, of certified
11 I-99's in Virginia was in the July time
12 frame -- or actually, back up.

13 Probably more like January
14 time frame of 2014 is when it peaked. And
15 it slowly started a gradual decline in the
16 number of intermediate providers in the
17 Commonwealth. Oh-oh. Did it skip one?

18 Yeah, there we go. Very
19 important, there's been a lot of discussion
20 going on around the State and we hear it.
21 We've heard it at the Advisory Board, the
22 Office of EMS has heard it. The program
23 reps get asked about it. EMS counsels are
24 getting asked about it that -- that the --
25 it's the intent of the EMS system in

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1 Virginia, once the registry stops
2 recognizing I-99 that we're going to take
3 I-99 away from all providers in Virginia,
4 and that is completely inaccurate.

5 There's no intent to
6 de-certify any currently certified
7 intermediate provider. As long as you
8 maintain your certification. Today there is
9 still a re-entry process.

10 So if you lost your I-99 today
11 and you went next week and completed your
12 CE, you would be eligible for re-entry
13 within that two-year period.

14 You'd have to go through the
15 testing process, but you would be eligible
16 for re-entry because there is an assessment
17 exam. If and when that assessment exam goes
18 away, there would be no way for you to
19 re-enter, currently.

20 Because we don't have a
21 mechanism for testing. So the key is,
22 there's no intent at any point to remove the
23 I-99 certification from somebody that has it
24 as long as they maintain it. Now, if 10
25 years down from the road from now an

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1 intermediate didn't exist any more and all
2 of the intermediate providers in Virginia
3 had transitioned over to PE or they had --
4 we didn't have any more, that would probably
5 be an opportunity for the Office of EMS and
6 the system at that point to address.

7 We don't have a need for it
8 any more. But that's not the current issue.
9 There's still about 2900 providers in
10 Virginia that have intermediate.

11 And as long as they maintain
12 that certification, they will keep that
13 certification. There's no intent for
14 Medical Direction to say, no, we're not
15 going to recognize them.

16 They can't practice. None of
17 that's been talked about. So please help
18 dispel that myth. That's inaccurate.
19 There's no plans to remove that
20 certification from folks.

21 They just need to maintain it.
22 Okay? We did withhold act the action item
23 from the TCC work group at the November 9th,
24 2016 Advisory Board meeting because we were
25 getting so much feedback. And there was so

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1 much misinformation out there that was
2 floating around the system that we felt it
3 was important to take a pause and to have
4 these townhall meetings and get the right
5 information out there.

6 And hear from the system on
7 what the needs of the system are, and get
8 input back before we made a final decision.
9 Just to make sure you understand how this
10 process works, whether it's related to I-99
11 or any other issue that comes before the
12 Advisory Board.

13 The issues get vetted by the
14 committees of the Board, the standing
15 committees of the Board. For example, in
16 this situation it would get -- it gets
17 vetted by Medical Direction who has the
18 ultimate authority for clinical practice.

19 It gets vetted by TCC. If a
20 regulatory action was required to change
21 something, it would get vetted by the Rules
22 and Regulations committee. Ultimately, a
23 recommendation for change would have to come
24 to the full Advisory Board. The full
25 Advisory Board would have to adopt and

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1 endorse it. And then if it requires a
2 regulatory change or a change in practice,
3 most things have to go to the State Board of
4 Health. And the State Board of Health has
5 the final say in that process.

6 So this is not an overnight,
7 snap your finger. If it requires regulatory
8 changes -- those of you that have been
9 around awhile know that they can take
10 anywhere from 18 months to eight years.

11 And I mean that literally
12 because the last regulations took almost
13 eight years before they came off the
14 Governor's desk. So this is not a snap your
15 finger decision.

16 This is a decision that we
17 believe is one that the system needs to be
18 engaged in. But is it a decision that we
19 need to make because it's not one that
20 doesn't -- that comes without consequences.

21 Whether we say we're not going
22 to certify 'I's' any more, or we say, yes,
23 we're going to continue to have an 'I'
24 program. There's a price tag that comes
25 with that that we need to talk about. And

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1 there's things that we have to put in place.
2 So in the history -- the work group came out
3 with this proposal to talk about what they
4 recommended if and when the National
5 Registry ceased their assessment exam.

6 And it find -- the work group
7 found that Virginia does not have the
8 resources to develop and maintain a valid,
9 reliable and legally defense-able
10 certification exam.

11 The work group further
12 recommends that upon the loss of the ability
13 to gain initial intermediate certification,
14 existing intermediates in Virginia will be
15 able to maintain their intermediate
16 certification indefinitely through
17 continuing education with no re-entry
18 mechanism.

19 That work group unanimously
20 endorsed that on 9-2 of '16. And it was
21 going up line to the Training and
22 Certification full committee for their --
23 their vetting and for them to adopt it. And
24 then it would come up line to -- to the full
25 Advisory Board. So that's the work group

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1 position. Now that doesn't say anything
2 about, are we going to develop our own
3 certification testing. It just says --
4 well, it does.

5 It says we don't have the
6 resources to develop. Resources meaning
7 money, etcetera, to be able to -- to put a
8 -- a test together. And people don't
9 generally understand the amount of effort
10 and work.

11 It's not Warren sitting down
12 at a computer and Debbie sitting down at a
13 computer and developing a written test on
14 their own.

15 Because of the legal
16 consequences of testing and treating people
17 fairly, it's a bit -- it's a very arduous
18 process to put together a test that's
19 legally defense-able, psychometrically
20 sound.

21 And there's a bunch of other
22 buzz words that, quite honestly, slip my
23 mind right now. But it takes a lot of work
24 and time and effort to put together a
25 certification exam. And along with that

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1 comes a price tag. So, some data points.
2 After March 31st of 2019, nowhere in the
3 United States will there be a nationally
4 registered emergency medical technician
5 intermediate.

6 Because the registry is going
7 to abandon that certification. You will
8 either bridge up to paramedic or you will
9 revert to an advanced EMT at the national
10 level.

11 If you're an intermediate in
12 Virginia, that will have no consequence on
13 you, other than you won't have a national
14 'I' card any more. Okay?

15 Some other information. FEMA
16 does not recognize I-99 for any of the DMAT
17 ALS teams. So if you're an I-99, once that
18 certification at the national level goes
19 away, if you're a DMAT team member they will
20 not recognize you as an ALS provider any
21 longer.

22 Don't know whether that
23 effects any of you or not. The national
24 I-99 curriculum no longer exists. Virginia
25 has done some things to maintain it -- its

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1 curriculum somewhat, but it's been
2 predominantly just to keeping up the AHA,
3 ECC criteria and making sure that that
4 matches. That's about the extent of it.
5 There are no up-to-date I-99 text books.

6 The -- the publishers gave up
7 on that when they saw that the curriculum
8 was going away. And after March 31st, 2019,
9 the portability of I-99, both into and out
10 of Virginia, will be negatively effected.

11 There are other states that
12 may not recognize an I-99 certification and
13 you would only be able to practice at EMT
14 level. It will have implications with
15 REPLICA, with those states, as we move
16 forward in that process. So beware of that.

17 So Virginia EMS providers, by
18 number and -- and percent, this is as of the
19 6th of this month. There's currently 34,672
20 certified EMS providers in the Commonwealth.

21 And you can see -- I'm not
22 going to read them off to you. You can see
23 the breakdown by provider level. So there's
24 currently 2920 currently certified
25 intermediate providers in Virginia. These

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1 are localities where I-99's exceed
2 paramedics. And again, this was as of
3 January 6th, 2017. So the purple states --
4 oh, states. Gee, sorry. The purple
5 counties are where there are more I-99's
6 than there are paramedics.

7 Now, as was pointed out to me,
8 it's important to note that that doesn't
9 necessarily mean that's where they work.
10 That means that's where their home address
11 of record with the Office of EMS is.

12 So they could, theoretically,
13 live in Giles County, but they work in
14 Franklin County and drive to work every --
15 every day. So it's where they live. That's
16 the best data that we have right now.

17 Localities with no paramedics
18 are in orange, and there's one, which
19 actually surprised me. I thought there
20 would be more than that.

21 But that's based, again, on
22 where they live, not where they work.
23 There's one locality in Virginia that has no
24 paramedics. That was pretty impressive as
25 well. That doesn't mean they -- that means

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1 they might only have one somewhere else.
2 But that's the only one with none. So test
3 development and delivery. So if Virginia
4 were to say, we're going to maintain our own
5 EMT-I certification process.

6 We're going to write and
7 develop a test, and we're going to
8 administer a test in the Commonwealth. We
9 -- staff took the opportunity to talk to
10 North Carolina.

11 For those of you that don't
12 know, North Carolina is not a National
13 Registry state. They do their own
14 certification testing and have their own
15 certification levels.

16 So they spoke with them about
17 the maintenance of their tests and the
18 development of their tests. And these are
19 the figures that they came up with -- woops,
20 sorry.

21 These are the figures that
22 they came up with as of a few weeks ago.
23 About \$615,000.00 annually to revise and
24 refresh their test bank. It's a paper-based
25 exam and it takes about 450 to 500 man hours

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1 to create a single exam. That's not
2 using -- currently, as you know, we use
3 Pearson VUE to host our testing in Virginia.
4 If we were to resume -- develop our own
5 test, then the -- the question would be do
6 we create a paper-based exam and put it back
7 out with the -- with the test examiners to
8 deliver?

9 Or do we pay Pearson VUE to
10 host an exam and administer it for us, which
11 would come with additional cost. North
12 Carolina figures also include that they
13 contract with a vendor, Castle Worldwide, to
14 help develop those examinations.

15 They -- they don't do it on
16 their own. It requires people with --
17 oh-oh.

18
19 SPEAKER 1: Battery gone? It timed
20 out.

21
22 MR. SHORT: Time out.

23
24 SPEAKER 1: Keep talking.
25

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1 MR. SHORT: I can't. I can't
2 remember where I was.

3
4 SPEAKER 1: Castle Worldwide.

5
6 MR. SHORT: Thank you. It -- they
7 -- they contract with a, again, a vendor who
8 specializes in developing psychometrically
9 sound, legally defense-able examinations.
10 They work with their state to put that
11 together. We broke it.

12
13 SPEAKER 1: It needs a battery.

14
15 MR. SHORT: Take a pause it. Let
16 me see can I get it to at least go to the
17 next --

18
19 SPEAKER 1: Debbie, do you have the
20 little [inaudible]? The little [inaudible]
21 because I don't have it.

22
23 SPEAKER 2: You're going to let
24 stuff slide [unintelligible]?
25

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1 SPEAKER 3: Gary --

2
3 MR. CRITZER: Hmm? Decide where
4 you're going?

5
6 MR. SHORT: Here you go. Well, if
7 you can read this, you're better than me.
8 But nevertheless, hopefully we'll get this
9 back running here in a second. Thank you,
10 Gary. Again, they developed -- they work
11 with a vendor.

12
13 (Speaker out of range of microphone.)
14

15 MR. SHORT: The North Carolina
16 figures, they also -- they contract with EMS
17 Performance Improvement Center at the
18 University of North Carolina.

19 They use their IT department.
20 They maintain the test bank and they do all
21 the grading of the examinations. But it is
22 a paper-based test.

23 So when it comes to -- to test
24 development and delivery, what does Virginia
25 currently have in place? We have the IT

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1 component because we've previously done
2 certification testing. We have about 60% of
3 the IT component is in place. What we don't
4 have is the psychometrician [sp] services --
5 hope I said that right -- item -- item
6 development, standardized setting.

7 The maintenance of practice
8 analysis and legal consultation are items
9 that we would need to -- to add to that
10 process if we were going to develop our own
11 certification.

12 Hang on a minute, we might be
13 living here in a second. I'm waiting for
14 Chad to say we need an Apple.

15
16 (Several background comments from the
17 audience.)

18
19 MR. SHORT: I know. Thank
20 goodness. Dah [sp], okay. Here. You can
21 have your phone back. Thank you. All
22 right.

23 Let's back up a little bit
24 here so that -- so again, we talked about
25 the paper exam. We talked about what Castle

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1 Worldwide does for North Carolina. This,
2 again, is from the University of North
3 Carolina for their -- their development and
4 delivery of the test. This is what --
5 again, what Virginia has in place currently.
6 The 'x's' mean we do not.

7 Those items would have to be
8 procured and put in place in order to do a
9 test. Can we widen the screen somehow?
10 Well, shucks.

11
12 SPEAKER 2: Adam, do you have any
13 suggestions?

14
15 MR. SHORT: Yeah, punt.

16
17 (Several background comments from the
18 audience.)

19
20 MR. SHORT: Aww, nuts.

21
22 SPEAKER 1: That was intentional.

23
24 MR. SHORT: Ta-dah. Thank you.

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1 (Several background comments from the
2 audience.)

3
4 MR. SHORT: I'm not sure how many
5 of you are familiar or not, but Virginia is
6 part of what's known as the Atlantic EMS
7 Alliance, which are council states.³
8 These are the states on the left that are
9 part of the Alliance.

10 Virginia's been part of that
11 for a long, long time. And that is where
12 our test bank came from for a number of
13 years. We collectively procured and
14 developed EMS test bank and test questions
15 for all the levels of certification.

16 Slowly but surely, all of
17 those states together collectively said, we
18 can't continue being in this business. It's
19 too expensive. It -- it takes too much
20 time. And there's already a certification
21 mechanism out there.

22 That's when Virginia and all
23 those other states, except for North
24 Carolina, went to the National Registry. I
25 believe I'm correct in saying that. Is that

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1 correct, Warren? North Carolina's the only
2 one that does its own testing?

3
4 SPEAKER 1: Correct.

5
6 MR. SHORT: Okay. So all those
7 states moved from the Atlantic EMS Alliance
8 developing tests to the National Registry
9 with the exception of North Carolina.

10 So if you look at the
11 intermediate activity, you can see that
12 there's only a few states that have I-99's
13 left. DC has a few, Maryland has a lot.
14 Virginia has the most.

15 West Virginia actually renamed
16 theirs. They are no longer -- and they may
17 never have been, it kind of was confusing.
18 They call theirs advanced care technicians,
19 not intermediates.

20 They -- the only states that
21 continue to offer initial I-99 certification
22 is Maryland, Virginia and West Virginia that
23 are part of the Atlantic EMS Alliance. And
24 they offer recertification for those levels.
25 All those other states, including North

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1 Carolina, have abandoned that I-99
2 certification process. So where do we go
3 from here? We're going to continue to have
4 these townhall meetings. The one tonight,
5 obviously.

6 There'll be another one on the
7 23rd of February at the Virginia Fire Rescue
8 Conference in Virginia Beach. March 14th
9 will be at Manassas Fire Department in
10 Manassas.

11 The 21st of March will be at
12 Rappahannock Community College on the
13 Northern Neck. March 31st will be in
14 Roanoke at the Holiday Inn Tanglewood in
15 advance of the VAVRS State Board of
16 Governors the next day.

17 And we're going to have two
18 more, we're -- we're waiting on confirmation
19 from locations. One will be in the Abingdon
20 area and the other will be in the J -- at
21 JMU in the Harrisonburg area.

22 And those dates will be
23 announced, so that's coming up. The idea is
24 to gain -- again, put information out there
25 and gain as much input and feedback from the

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1 system that we can. Then at -- the next
2 step is where do we go from here? So the
3 plan is that the -- we'll take all this
4 information that we collect.

5 It'll be transcribed and put
6 into a report that we're going to share,
7 first with the Training and Certification
8 committee, along with that to Medical
9 Direction to allow them the opportunity to
10 vet those comments and hear the concerns
11 from the system, good, bad or indifferent.

12 And then they will compile
13 recommendations that will be brought back to
14 the Advisory Board executive committee, and
15 ultimately, the Advisory Board at our May
16 meeting.

17 So that we can make a decision
18 on what we are going to do once the registry
19 stops the I-99 assessment exam. And our
20 options are -- are out there, whether it's
21 we say, once they stop we're done.

22 We'll maintain the ones that
23 we have. But we will not do any initial
24 certification of I-99's going forward. The
25 other could be that we are going to continue

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1 I-99 certification, which means the
2 curriculum's got to be revamped. We've got
3 to develop tests, we've got to pay for all
4 that. And then we can determine how we're
5 going to run that certification program.

6 Or are there any intermediate
7 steps -- no pun intended -- in between that
8 that could be done to -- to meet the needs
9 of the system in Virginia. So that's where
10 we are.

11 So the next part of the
12 process is I'm going to allow the folks that
13 have been intimately involved with this
14 process from Dr. McCloud with Medical
15 Direction to talk briefly about the -- what
16 the medical directors have been talking
17 about.

18 And then anything that Ron or
19 Larry have to say about the process they
20 went through.

21
22 DR. MCCLOUD: Good evening. I
23 won't keep you long. I know I'm between
24 y'all and the bar. You know, this is a
25 difficult position for all of us to be put

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1 in. We would love for things to keep going
2 just the way they've been. Unfortunately,
3 our hands have been tied a little bit. And
4 we feel like, from the medical direction
5 standpoint, that pouring that much money
6 into developing a test to keep the
7 intermediate is just not what's best for our
8 state. And I -- I have no problems with
9 intermediates.

10 I like the intermediates, they
11 do a good job. We're not going to take the
12 intermediate away. That seems to be what
13 everybody's been scared of is that we're
14 going to come and say you're no longer an
15 intermediate.

16 That's not even being
17 considered. But we just have issues with
18 pouring that much money into a system that
19 we don't think is sustainable. Because
20 those tests last about -- I think about two
21 years.

22 The test we're giving now for
23 intermediate, I think, is based on -- what
24 year -- 1995 material. So if I told you --
25 if you were a new paramedic coming out and I

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1 said, okay. We're going to give you a test
2 from 1995, you'd feel pretty uncomfortable
3 with that, wouldn't you? I know we'd miss a
4 lot of questions because a lot's changed
5 since 1995.

6 So I'm here now to answer
7 questions for you, hear your thoughts. I
8 will tell you that I started as a basic EMT,
9 became an intermediate in Mississippi.

10 And then went on to paramedic,
11 so I been there. But I do want to hear your
12 thoughts because there may be things that
13 I'm not thinking about.

14
15 MR. CRITZER: You guys can talk
16 from there. You don't have to --

17
18 DR. MCCLOUD: Oh, now you say that.
19 Thanks, Gary.

20
21 MR. CRITZER: That's for the
22 explosion earlier in the day.

23
24 MR. PASSMORE: As the chair of the
25 Training and Certification committee, this

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1 was, of course, came to our committee to
2 figure out what could we do or what -- what
3 would we do. And because this was such and
4 immense task, we decided it needed to be
5 worked by a work group. And we asked Larry
6 Oliver to chair that work group.

7 And he put a team of folks
8 together that took a look at this. And I'm
9 going to yield to him, because I think he's
10 going to give you a little more information.
11 I'm just here to answer questions if you
12 have questions, too.

13
14 MR. OLIVER: Thanks, Ron. So
15 obviously, Intermediate 99 is a very
16 passionate component to Virginia's EMS
17 system. And the work group was formed.

18 We had representation from all
19 the various EMS communities for training.
20 So we bantered back and forth for several
21 months about what is our options and what is
22 our best options.

23 And unfortunately, sometimes
24 our personalities got in the way because we
25 were very passionate about how Virginia's

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1 EMS system has grown and sustained over the
2 years. But at the same time, there is a
3 realization about what's transpiring in the
4 future.

5 So outside of the slides you
6 saw up there, there's one state outside of
7 the Atlantic EMS Council that uses
8 Intermediate 99 and that is Colorado.

9 There's a couple other states
10 that use recertification processes from
11 National Registry for I-99 as well. And
12 certainly, when March 31st of 2019 gets
13 here, they will go away.

14 And the states already know
15 that. We reached out to all 50 states
16 asking for information as early as probably
17 September of 2015 to try to get data to look
18 at and evaluate.

19 Very few of the states outside
20 of what you saw up there responded because
21 they really are not applicable in this whole
22 process because they don't have I-99. We
23 also reached out to organizations to try to
24 find what is our options for testing.
25 Certainly, National Registry is our primary

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1 option because they have the process that is
2 ready for high stakes examinations, which
3 means they're valid, they're reliable,
4 they're psychometrically sound.

5 They're legally defense-able
6 and meet all those parameters for high
7 stakes exams. We talked about doing our own
8 test.

9 But that means we have to
10 bring peers in over a period of several,
11 several months to try to get a test bank
12 that we can have two versions if not four
13 versions of an exam to make it valid and
14 reliable.

15 And based on our history with
16 the Atlantic EMS Council as well as some of
17 the other things that's been taken on by the
18 Office of EMS, we have not had good success
19 in recent years with that.

20 The Atlantic EMS Council, in
21 the beginning, was a great thing. I mean, I
22 think all the staff and any of us that
23 served on those peer review committees would
24 tell you that. We had great opportunities.
25 But it's been struggled where -- they've

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1 struggled in recent years to try to get
2 enough people to do that. We found three
3 private vendors that were options for having
4 a third party vendor to do our tests.

5 When staff from OEMS reached
6 out to them, two -- after hearing the number
7 of potential test takers that was going to
8 be there, two of them said we're not
9 interested. And the third one gave us very
10 basic information.

11 So between staff and a couple
12 of the committee members, we tried to figure
13 out what their costs schedule was to
14 determine what a figure was going to be
15 approximately to come up with what you saw
16 on the screen.

17 And remember, we almost have
18 to have two versions of tests at any given
19 time. And right now in order to go back to
20 a paper-based test, we have to have a
21 regulatory change.

22 Because in 2012 when we
23 switched to National Registry because of the
24 Atlantic EMS Council, we said we're going to
25 all electronic-based testing. So that's

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1 another hurdle that we're going to have to
2 overcome if we choose to go back to this.
3 The other comment with North Carolina, we're
4 -- there's no way that we can piggyback onto
5 North Carolina's intermediate testing
6 process.

7 They test based on
8 Intermediate 85 and not Intermediate 99. So
9 it's not compliant with what our current
10 State I-99 is.

11 So ultimately at the end of
12 that, the day we met -- and again, we -- we
13 put our personalities and passion aside as
14 individuals to come up with a decision that
15 what we thought was best for the
16 Commonwealth in the long run.

17 We averaged -- prior to 2016,
18 we were testing about 200 to 240
19 intermediates every year. This year,
20 projections are less than 200 candidates.
21 And those projections, based on all the
22 programs, are going down every year.

23 Because most people, in order
24 to market themselves, are going for the
25 paramedic card. And I think most of us

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1 realize that as individuals. That's why a
2 lot of us went to paramedic to start with if
3 we wanted to go from State A to State B. So
4 it certainly took us a long time. We had
5 some struggles as a work group because of
6 the passion that's involved, and especially
7 with the people.

8 Since then, we've had several
9 jurisdictions come to us and say that after
10 looking at their cost statistics and looking
11 at what an advanced EMT, Intermediate 99 and
12 paramedic can do, and what their calls were
13 based on largely for the jurisdictions that
14 talked to us, between 94 and 98% of their
15 calls, ALS could be handled by an advanced
16 EMT.

17 And that -- we went back as a
18 group -- as Frederick County, and I did the
19 same thing. And about 95% of our calls
20 could be handled by an advanced EMT.

21 Intermediates or paramedics
22 wasn't necessary. Now, do we want to do
23 away with paramedics? Absolutely not.
24 That's not the intent. But I think it's on
25 us -- on each individual agency to go back

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1 and figure out what their needs are for ALS
2 in today's environment. There's also --
3 Tidewater Community College is no longer
4 testing intermediate.

5 They're doing paramedic only
6 level testing, unless they contract
7 specifically with a jurisdiction or agency
8 to provide that. And you can only imagine
9 what that cost is going to be.

10 There are several other
11 organizations that's talking about that.
12 Some of the educational institutions have
13 said, we want a date. We see the writing on
14 the wall.

15 We want a date to know when
16 we're going to stop Intermediate 99. So
17 those are things that we've heard. So
18 again, this work group formed to try to look
19 out for the best interests of the
20 Commonwealth.

21 I can assure you that
22 individually, we do several Intermediate
23 99's for our organization every year. Chief
24 Hobach, who's sitting in the back who's an
25 Advisory Board member, they do a lot of

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1 intermediates as well. So it's going to
2 effect us. But in the big picture of
3 things, when we look at the overall picture
4 of the Commonwealth, the work group decided
5 that we think the best interest is if and
6 when National Registry says we're no longer
7 doing the assessment exam, we're better off
8 to maintain the certified people in the
9 Commonwealth and move forward from there.

10
11 MR. CRITZER: Thank you, Larry. So
12 that concludes our presentation part of the
13 evening. I've only got a couple people that
14 signed up to speak.

15 And because of that and the
16 importance of the evening, I will allow this
17 opportunity, if anybody signed up and didn't
18 check they wanted to speak if you wanted to
19 add your name to the speaking section.

20 Is there anybody that wants to
21 do that? Anybody that's changed your mind
22 since you've heard anything? Okay. So the
23 first person who signed up to speak is
24 Ronnie Grubb.

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1 MR. GRUBB: A few brief remarks
2 I've prepared here. Good evening, my name
3 is Ronnie Grubb. I am a paramedic here in
4 the Richmond Metro area. As a career
5 paramedic, I've the utmost respect for those
6 who have come and gone before us.

7 The men and eventually the
8 women, thankfully, who dress like fire
9 fighters and spoke like doctors. They laid
10 the groundwork that would be -- eventually
11 become the -- they laid the groundwork that
12 would allow emergency medicine and
13 preventative care to come out of the
14 hospital and into the highways, the
15 neighborhoods and the living rooms across
16 the country.

17 This groundwork, this
18 foundation started with two critical
19 elements, knowledge and understanding.
20 Together these two elements are the
21 culmination of what we know as exposure,
22 experience and most importantly, education.
23 When I started my training as a paramedic in
24 2008, it was explained to me that I would
25 gain from my first year of this two-year

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1 program. It would be the breadth of what a
2 paramedic's scientific art form. That the
3 second year would provide the depth. And my
4 goodness, was he right.

5 What I failed to truly
6 appreciate in that second year was that this
7 was only the beginning. In our current EMS
8 culture, there is much pride in the skill
9 set of the individual certification levels,
10 and rightfully so.

11 We work hard for it. Men and
12 women train hard, they study hard and take
13 pride in what they are learning. All in
14 hopes that one day they will be the ones who
15 intervene in an unfortunate situation and
16 give that man, that woman and that child
17 another day or, at least, a fighting chance.

18 But these finely tuned skills
19 and interventions alone will not guarantee
20 the best possible outcomes all the time.
21 Because we all know that sometimes jumping
22 in to do something may be doing too much.

23 And doing too little, in most
24 cases, is no better. The dividing line that
25 gives the edge in making those critical

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1 decisions is having the knowledge base that
2 either complements or supercedes a skill
3 set. Our profession is young and our
4 respective systems are taxed.

5 There are many areas that rely
6 heavily on the intermediate certification
7 for their provision of advanced level care.
8 That is understood and greatly appreciate.
9 I myself was an intermediate for a year as I
10 was obtaining my paramedic.

11 But now could be the time to
12 push through some growing pains in the
13 continuing emergence of development of
14 professional pre-hospital care.

15 I would advocate for the
16 expansion of opportunities and procurement
17 of funding for intermediate to paramedic
18 bridge options.

19 While this is much easier said
20 than done, this is a good time to take an
21 opportunity that Virginia is being afforded
22 by the National Registry. We should further
23 take inspiration from our comrades who carry
24 on the work that we, most of the time,
25 initiate. You will be hard pressed to find

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1 a registered nurse who does not hold at
2 least an associate's degree. Even now, that
3 is just a launching point as many
4 institutions are encouraging, and some
5 requiring, that an undergraduate program of
6 study be completed.

7 I agree with and support
8 wholeheartedly these requirements, as
9 strenuous as they might be. And I say this
10 now even as I am finally finishing my
11 associate's in emergency medical services
12 after six years, and setting my sights for
13 higher goals.

14 This should not be looked at
15 as a hardship, but an avenue to make better
16 our ranks, better serve our fellow man and
17 stand taller in the practice and provision
18 of medical care and services.

19
20 MR. SHORT: If you like, you can
21 leave a copy of that and we'll add it to the
22 record.

23
24 MR. CRITZER: Thank you, Mr. Grubb.
25 The next on the list is Daniel -- is it

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1 Lincolns? Did I say that correct?

2
3 MR. LINCOLNS: I'm Daniel Lincolns,
4 program director at John Tyler Community
5 College.

6 I'm going to keep this brief.
7 Our position is basically in support of the
8 work group. We understand and -- and we
9 continue to offer intermediate.

10 We offer it as a track -- or
11 as an exit point within the paramedic
12 program, not as a stand alone program
13 itself.

14 However, identifying the
15 competency components of it, our -- our
16 program has roughly 450 to 600 hours
17 depending on the number of clinical hours
18 that -- before our students are allowed to
19 test out at intermediate.

20 And as a competency boast --
21 based program, our students are mostly
22 eligible to test for intermediate about a
23 semester before they finish paramedic. And
24 so, understanding the testing process that
25 goes on for validating testing and the

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1 expense associated with that, we would
2 support the -- the work group's
3 recommendations. Though, you know, as long
4 as Virginia offers intermediate, we'll --
5 we'll continue to offer that as a -- as a
6 test out option.

7 However, our concern from the
8 advisory board and -- and our medical
9 director is the -- the way we define that
10 competency.

11 Is the state -- and
12 traditionally, if you look back at the
13 numbers that we've required for clinical
14 competency, it's been half the competency of
15 a paramedic.

16 And so, as we look at scope of
17 practice, you know, from a testing
18 standpoint as well as education, that the
19 intermediate -- if -- if you're going to be
20 allowed to do a skill that a paramedic does,
21 they should be just as competent as a
22 paramedic. And not looking at just half
23 those numbers to -- to bridge that gap. And
24 that would be our position on it. Thank
25 you.

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1 MR. SHORT: Thank you, sir.

2
3 MR. CRITZER: And the last person
4 that had signed up to speak is John Kirtly.

5
6 MR. KIRTLY: The old man himself.
7 Lucky I don't have to have a walker to get
8 up here. John Kirtly, J. Sargeant Reynolds,
9 EMS Program for all you old people in the
10 crowd. Goes back to intermediate, goes back
11 to what?

12 Cardiac in '79 and paramedic
13 in '81, good God. All I can say as -- as
14 Daniel's probably already spoken, we at J.
15 Sargeant Reynolds are down to one instructor
16 who does EMT to intermediate, intermediate
17 to paramedic.

18 The rest of our programs have
19 all gone straight for a semester paramedic,
20 running over 1000 hours. And we keep
21 probably in the same time frame as Daniel as
22 far as two semesters training in
23 intermediate. I haven't seen anything up
24 here that I disagreed with as far as
25 testing. We just need to know from a

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1 standpoint of y'all, when is the last
2 intermediate class we're going to teach?
3 Right now, we currently are running one
4 that'll finish fall of this year. And then
5 we'll start a two-semester paramedic program
6 off of that, which'll finish next spring.

7 And then my instructor's going
8 to look at me and say, we don't start
9 classes in the summer. Do I start an
10 intermediate program in the fall of 2018 to
11 finish spring of 2019?

12 That's direction we need. As
13 far as practical -- boy, this is tough. How
14 do you test? Well, we're moving away from
15 stick the IV arm and put the tube down the
16 thing that you've been doing for four
17 semesters in class, which is, oh, we're so
18 past that now.

19 I'm so happy the registry's
20 done what they've done. Why can't we test
21 intermediates the same way? You just
22 eliminate -- if you want to eliminate one of
23 the stations, eliminate the -- the full
24 patient assessment. Because boy, that would
25 really drag down a testing site. I don't

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1 see why you can't make the test an
2 electronic test. I understand the -- the --
3 the value of having people -- we do have
4 people in the State who can write exams,
5 though.

6 I mean, we have some brilliant
7 people in this state. I mean -- I'm sorry,
8 I look out here. And I look at other states
9 and I go, y'all need to come to Virginia.
10 You want to see how EMS should be run, come
11 here.

12 But I don't -- I don't see why
13 we couldn't use the electronic testing sites
14 to test. All our students right now are
15 having to go to electronic testing just to
16 get ready for the registry paramedic.

17 Most of our students have
18 figured out by now that intermediate's going
19 away. And even the one's who are -- they
20 look at us when they get out and do -- do
21 their intermediate test.

22 They say, we're going to be
23 back in less than the next class you do
24 because we know what's going to happen to
25 us. So they finish up their 'I' to 'P'

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1 bridge. So as every -- I think other
2 community college, I can simply say we just
3 want direction.

4
5 MR. CRITZER: Thank you, sir. And
6 we certainly understand that. As of this
7 moment, I can briefly respond to that last
8 comment.

9 And that is that the registry
10 has not given us any indication of a date,
11 and has only said that when they do, they
12 will give us advance warning so that we can
13 make -- so there's nothing to say you can't
14 continue to teach that program currently.

15 Unless action comes to stop it
16 prior to that. So those were the last folks
17 that signed up to speak tonight. There,
18 again, will be an opportunity -- if you
19 change your mind and you feel like you need
20 to express your opinion.

21 You can either -- either, A,
22 come to one of the other townhall meetings.
23 Or B, you'll be able to submit your comments
24 electronically online to the Office of EMS.
25 Check on that web site in -- sometime next

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1 week and that link should be up there to
2 submit those comments. And I assure you,
3 they will all be looked at and they will all
4 be vetted and gone through.

5 This is an important decision
6 for Virginia. We've got to make the right
7 decision for Virginia. And we realize that
8 when you go from -- from southwest Virginia
9 rural all the way to metro Northern
10 Virginia, that the needs of our communities
11 are different.

12 So we want to make the right
13 decision for the Commonwealth. I thank all
14 of you for coming out tonight and for
15 hearing what we had to say. I hope you
16 found it beneficial and we answered at least
17 some of your questions.

18 And again, if you want to
19 submit feedback and you didn't participate
20 tonight, please submit that to us
21 electronically when that link is up.

22 Because it's important that we
23 hear from -- from those that want their --
24 their voices heard. Thank you very much.
25

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(The townhall meeting concluded.)

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CERTIFICATE OF THE COURT REPORTER

I, Debroah Carter, do hereby certify that I transcribed the foregoing TOWNHALL MEETING, Glen Allen, Virginia, heard on February 2nd, 2017, from digital media, and that the foregoing is a full and complete transcript of the said TOWNHALL MEETING to the best of my ability.

Given under my hand this 8th day of March, 2017.



Debroah Carter, CMRS, CCR
Virginia Certified
Court Reporter

My certification expires June 30, 2017.

21